INPATIENT HOSPITALIZATION STANDARDS

PURPOSE

The purpose of these standards is to provide direction and guidance to the Children and Family Services (CFS) programs regarding the structure and application of inpatient hospitalization services for children with SED. These standards are intended to achieve statewide consistency in the development and application of CMH core services and shall be implemented in the context of all applicable laws, rules and policies.

INTRODUCTION

A system of care requires the development and maintenance of a continuum of mental health services. The system of care guiding principles state that services to children with emotional disturbance should be delivered in the least restrictive setting possible (Stroul, 1996). The system of care promotes the usage of community-based services delivered in the most normative environments that meet the needs of the child and family, however, while inpatient hospitalization is at the most restrictive end of the continuum, it continues to be an integral part of a comprehensive system of care (Singh et al., 1994).

According to Tuma (1989), inpatient hospitalization is, "reserved for extreme situations, for youngsters who are showing serious acute disturbances or particularly perplexing and difficult ongoing problems." The Children's Mental Health Services Act of 1997 Section 16-2401 requires The Department of Health and Welfare to have Designated Facilities. Children who present in an emergency will be transported to a facility for further evaluation. Regions have Designated Facilities to provide evaluation and stabilization. Designated Facilities need to be located in as close proximity as possible to the community where the child resides whenever available.

CORE VALUES

- The system of care should be child-centered and family focused, with the needs of the child and family dictating the types and mix of services provided.

- The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.

- Children with emotional disturbance should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.

- Children with emotional disturbance should receive services within the least restrictive, most normative environment that is clinically appropriate.

- Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child, and guided by an individualized service plan.

- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

- The needs of children and families can more effectively be met through flexible funding strategies than through categorical funding restricted to the most expensive resources.

STANDARDS

ACUTE PSYCHIATRIC HOSPITALIZATION

1. **Eligibility criteria for acute psychiatric hospitalization shall be children, under the age of 18 years, whose circumstance meets the definition of emergency as defined in Idaho Code (16-2403, 16-2411) and FACS Policy Memorandum (FACSPM 01-05). See Below:**

2. **Acute psychiatric hospitalization shall be a service offered to children experiencing a mental health emergency, not as a placement by DHW into an alternate care setting and parents shall be responsible for the placement of their children; therefore, a voluntary placement agreement is not necessary.**

3. **To access financial support from DHW for acute psychiatric hospitalization of their child, a family shall apply for children's mental health services, including a Fee Determination of the family's financial responsibility.**

EXTENDED PSYCHIATRIC HOSPITALIZATION/STATE HOSPITAL SOUTH

4. **The designated facility for extended (expected to last over 45 days) psychiatric hospitalization shall be State Hospital South (SHS).**

5. **Referrals to SHS shall be the responsibility of the DHW-CMH Regional programs, following SHS referral guidelines.**

6. **The treating psychiatrist at an acute psychiatric hospital may initiate a referral to SHS by contacting the CMH program in the region where the child lives.**

7. **Placements at SHS shall be obtained through a voluntary placement agreement between the child's parent or guardian and the regional CMH program.**

DISCHARGE/AFTERCARE PLANNING

8. **Discharge/aftercare planning shall into acute and extended psychiatric hospitalization.**

9. **Discharge/aftercare planning for children coming out of acute and extended psychiatric hospitalization shall begin at point of entry into the hospital and shall be a cooperative process involving the CMH clinician, the discharging facility, the parent or guardian and all other parties that the parent or guardian deem having a role in the successful transition of the child.**

10. **One week prior to discharge from SHS, a conference call between the parent or guardian, SHS, the CMH clinician and others as identified and approved by family shall take place focusing on the coordination of aftercare services.**

11. **A discharge/aftercare plan shall be documented outlining specific goals, services and responsibilities prior to the discharge of a child from an acute or extended psychiatric hospitalization.**

12. **Any variance to these standards shall be documented and approved by division administration, unless otherwise noted.**

13. **Each region shall establish inpatient hospitalization service delivery goals and shall annually submit a plan and timeline to achieve those goals to division administration for approval.**